

MDR Tracking Number: M5-04-0563-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 10-23-03.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity for therapeutic exercises and ultrasound therapy. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$650** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. Therapeutic exercises and ultrasound therapy were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 03-10-03 through 03-17-03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 9th day of March 2004.

Georgina Rodriguez
Medical Dispute Resolution Officer
Medical Review Division
GR/gr

January 2, 2004

Rosalinda Lopez
Texas Workers' Compensation Commission
Medical Dispute Resolution
Fax: (512) 804-4868

Re: MDR #: M5-04-0563-01
IRO Certificate No.: IRO 5055

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Physical Therapy.

Brief Clinical History:

This claimant is a 48-year-old male who was injured on ___ while at work when his left shoulder was pulled into internal rotation and adduction. The left arm is his dominant arm. The diagnosis was shoulder impingement, subacromial bursitis, and adhesive capsulitis. An MRI on 01/14/03 indicated an incomplete tear of the anterolateral supraspinatus tendon and a narrowed subacromial space with a down-turning acromion that was contributing to his impingement problems.

The physician treated the patient with some injections and medications, which did not help. The onset of physical therapy and an exercise program were delayed until 01/13/03.

Disputed Services:

Therapeutic exercises and ultrasound therapy during the period of 03/03/03 through 03/28/03.

Decision:

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that the treatment in dispute as named above was medically necessary in this case.

Rationale:

The physical therapist appropriately selected exercises and mobilization procedures, including the ultrasound modalities, which were indicated for this case. The claimant did have significant reduction in his shoulder mobility, and it did have a capsular pattern restriction. He had complications due to the impingement problems. The physical therapist adjusted the program appropriately during the treatment period. There were other complications with the claimant having some rather extreme pain at end range with numbness into the third and fourth digits. The ultrasound was indicate, and none of the treatment was excessive.

The home program instructed to the patient was also appropriate. There was documentation that the therapist had shifted some of the responsibility to the patient to assist in this recovery. In addition, as the treatment continued and the patient developed some increase in symptoms, the therapist appropriately decided to discontinue therapy because there was not adequate progress being made at that point. The therapist felt that at that point maximum medical improvement from the rehabilitation had been attained.

Literature indicates that this treatment was appropriate for adhesive capsulitis that has delayed physical therapy within this condition and other complicating symptoms. Reference material was *Clinical Orthopedic Rehabilitation*; edited by S. Clint Brotzman, M.D., published by Mosby in St. Louis, copyright 1996.

I am the Secretary and General Counsel of ____ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,